

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

ADDRESS (number and street) 5910 Mineral Point Rd, PO Box 747
Mail Stop 5910 4 A2
 Check if different than previously reported. (ACC)
Madison WI 53701-0747

2. **FEC IDENTIFICATION NUMBER** C00402107
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher P. Roe

Signature of Treasurer Electronically Filed by Christopher P. Roe Date 07 13 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12207.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	8050.24									
(c) Total Receipts (from Line 19)	8036.04	18671.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16086.28	30878.28								
7. Total Disbursements (from Line 31)	12000.00	26792.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4086.28	4086.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6440.04	13040.08
(ii) Unitemized	1596.00	5631.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8036.04	18671.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8036.04	18671.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8036.04	18671.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8036.04	18671.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	42.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	42.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	26750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12000.00	26792.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	26792.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8036.04	18671.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8036.04	18671.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	42.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	42.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial)
Christopher Abely
Mailing Address 6 East Wharf Road
City Madison State CT Zip Code 06443
FEC ID number of contributing federal political committee. **C**
Name of Employer CUNA Mutual Insurance Society Occupation SVP - Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5233
Amount of Each Receipt this Period 180.00
\$30/biweekly

B. Full Name (Last, First, Middle Initial)
Susan J. Albrecht
Mailing Address 615 W. Main #309
City Madison State WI Zip Code 53703
FEC ID number of contributing federal political committee. **C**
Name of Employer CUNA Mutual Insurance Society Occupation SVP, International
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5158
Amount of Each Receipt this Period 150.00
\$25/biweekly

C. Full Name (Last, First, Middle Initial)
James S. Buchheim
Mailing Address 4598 Autumn Blaze Trail
City DeForest State WI Zip Code 53532
FEC ID number of contributing federal political committee. **C**
Name of Employer CUNA Mutual Insurance Society Occupation VP - PR & Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5137
Amount of Each Receipt this Period 150.00
\$25/biweekly

SUBTOTAL of Receipts This Page (optional) ► 480.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Michael T. Defnet		Date of Receipt																					
	Mailing Address 8315 Flagstone Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	0														
	City State Zip Code Madison WI 53719		Transaction ID: SA11AI.5129																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00																						
Name of Employer CUNA Mutual Insurance Society		Occupation SVP, Distribution Support																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00																						
		\$40/biweekly																						

B.	Full Name (Last, First, Middle Initial) Thomas R. Eckert		Date of Receipt																					
	Mailing Address 2612 Waunona Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	0														
	City State Zip Code Madison WI 53713		Transaction ID: SA11AI.5127																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00																						
Name of Employer CUNA Mutual Insurance Society		Occupation VP - Retirement																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						
		\$25/biweekly																						

C.	Full Name (Last, First, Middle Initial) David M. Foster		Date of Receipt																					
	Mailing Address 9125 Blackhawk Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	0														
	City State Zip Code Middleton WI 53562		Transaction ID: SA11AI.5171																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00																						
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Product Sales Distribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00																						
		\$20/biweekly																						

SUBTOTAL of Receipts This Page (optional)	▶	510.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Jon G. Furlow		Date of Receipt
	Mailing Address 717 Oneida Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Madison	WI	53711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5178
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Office of General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 150.00
			\$25/biweekly

B.	Full Name (Last, First, Middle Initial) Timothy L. Graham		Date of Receipt
	Mailing Address 5618 Sandhill Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5159
Name of Employer CUNA Mutual Insurance Society		Occupation SVP & Chief Actuary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 335.00	<input type="text"/> 180.00
			\$30/biweekly

C.	Full Name (Last, First, Middle Initial) Mary E. Hoffmann		Date of Receipt
	Mailing Address 7439 Meadow Valley Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5138
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Finance & Opns	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 120.00
			\$20/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Daniel K. Kaiser		Date of Receipt
	Mailing Address N8880 Blue Vista Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	New Glarus	WI	53774
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5136
Name of Employer CUNA Mutual Insurance Society		Occupation VP - Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 240.00	\$20/biweekly

B.	Full Name (Last, First, Middle Initial) Randy P. Kohout		Date of Receipt
	Mailing Address 5588 Polo Ridge		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	Westport	WI	53597
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5157
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Organizational Capability	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 240.00	\$20/biweekly

C.	Full Name (Last, First, Middle Initial) Stephen W. Koslow		Date of Receipt
	Mailing Address N53 W16098 Waldens Pass		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	Menomonee Falls	WI	53051
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5179
Name of Employer CUNA Mutual Insurance Society		Occupation SVP - Chief Ethics & Compliance Office	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	\$25/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 390.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
Kevin T. Lentz

Mailing Address 1023 Carib Court

City State Zip Code
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Insurance Soc- SVP, Member Products
ety

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.5140

Amount of Each Receipt this Period
300.00

\$50/biweekly

B.

Full Name (Last, First, Middle Initial)
Kurt Lin

Mailing Address 99013 Settlers Road

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEMBERS Capital Advisors Managing Director, MCA

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.5161

Amount of Each Receipt this Period
240.00

\$40/biweekly

C.

Full Name (Last, First, Middle Initial)
David P. Marks

Mailing Address 11 Richmond Road

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Members Capital Advisors EVP & Chief Investment Off.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.5154

Amount of Each Receipt this Period
240.00

\$40/biweekly

SUBTOTAL of Receipts This Page (optional) ► **780.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Thomas J. Martorana		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 910 Winding Way		Transaction ID: SA11AI.5173		
	City Middleton	State WI	Zip Code 53562	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation SVP, Operations	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Troy J McGill		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 9652 Weston Lane		Transaction ID: SA11AI.5183		
	City Richmond	State VA	Zip Code 23238	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation Officer	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Thomas J. Merfeld		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 3088 Edenberry St.		Transaction ID: SA11AI.5135		
	City Fitchburg	State WI	Zip Code 53711	Amount of Each Receipt this Period 180.00	
	FEC ID number of contributing federal political committee. C		\$30/biweekly		
	Name of Employer MEMBERS Capital Advisors	Occupation Chief Risk Officer	Aggregate Year-to-Date 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	480.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) James Metz		Date of Receipt
	Mailing Address 3908 Meridian Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Verona	WI	53593
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5168
Name of Employer MEMBERS Capital Advisors		Occupation SVP, Asset Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 240.00
			\$40/biweekly

B.	Full Name (Last, First, Middle Initial) Andrew J. Michie		Date of Receipt
	Mailing Address 1453 Starr Grass Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Madison	WI	53719
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5150
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, Internal Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 120.00
			\$20/biweekly

C.	Full Name (Last, First, Middle Initial) Andre Napoli		Date of Receipt
	Mailing Address 9701 Trappers Trail		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5174
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation EVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00
			\$50/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 660.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Faye Patzner	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4473 Shooting Star Avenue	Transaction ID: SA11AI.5132
	City Middleton State WI Zip Code 53562	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	\$35/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation SVP, Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Gerald Pavelich	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4889 Champions Run	Transaction ID: SA11AI.5181
	City Middleton State WI Zip Code 53562	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) James M. Power	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 9810 Red Sky Drive	Transaction ID: SA11AI.5155
	City Middleton State WI Zip Code 53562	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	\$40/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation SVP, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Christopher P. Roe		Date of Receipt
	Mailing Address 2 Hawk Feather Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Madison	WI	53717
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5156
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Special Projects	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 600.00	\$50/biweekly

B.	Full Name (Last, First, Middle Initial) Robert K. Rusch		Date of Receipt
	Mailing Address 1424 Willow Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5128
Name of Employer CUNA Mutual Insurance Society		Occupation VP & Assoc. General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	\$25/biweekly

C.	Full Name (Last, First, Middle Initial) Robert J. Schaffer, III		Date of Receipt
	Mailing Address 4523 Shooting Star		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5165
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Cust Ops Ctr, Madison Site Ldr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 330.00	\$15/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Alastair C. Shore	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 9125 Aspen Grove Lane	Transaction ID: SA11AI.5164
	City State Zip Code Madison WI 53717	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	\$40/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation Chief Underwriter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) David L. Sweitzer	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4209 Waban Hill	Transaction ID: SA11AI.5133
	City State Zip Code Madison WI 53711	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	\$25/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Select Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Delania K. Truly	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 521 Sunset Dr.	Transaction ID: SA11AI.5142
	City State Zip Code Hurst TX 76054	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, South Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	690.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
Robert N. Trunzo

Mailing Address 1044 Willow Drive

City State Zip Code
Delafield WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Insurance Soc- EVP & Chief Sales Officer
iety

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.08

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.5153

Amount of Each Receipt this Period
500.04

\$83.34/biweekly

B.

Full Name (Last, First, Middle Initial)
Mark T. Warshauer

Mailing Address 6333 Stonefield Road

City State Zip Code
Middleton WI 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Insurance Soc- VP, Asset Management
iety

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period
150.00

\$25/biweekly

SUBTOTAL of Receipts This Page (optional)	650.04
TOTAL This Period (last page this line number only)	6440.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE Mailing Address 101 Constitution Ave., NW Suite 700 City Washington State DC Zip Code 20001 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5186 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) BARNEY FRANK FOR CONGRESS COMMITTEE Mailing Address PO Box 260 City Newtonville State MA Zip Code 02460 Purpose of Disbursement Contribution Candidate Name BARNEY FRANK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5197 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE Mailing Address PO Box 703 City Geneva State IL Zip Code 60134 Purpose of Disbursement Contribution Candidate Name G. WILLIAM (BILL) FOSTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5208 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012</p> <p>Mailing Address PO BOX 848 PO BOX 848</p> <p>City CHATTANOOGA State TN Zip Code 37401</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROBERT P JR CORKER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5200</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CONRAD, GAYLORD KENT</p> <p>Mailing Address PO BOX 812</p> <p>City BISMARCK State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name GAYLORD KENT CONRAD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5188</p> <p>Date of Disbursement 06 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DENHAM FOR CONGRESS</p> <p>Mailing Address 2150 RIVER PLAZA DR #150</p> <p>City SACRAMENTO State CA Zip Code 95833</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JEFF DENHAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5219</p> <p>Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	Transaction ID: SB23.5216
	Mailing Address 151 Linden Road	Date of Disbursement 05 / 04 / 2010
	City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name CAROLYN MCCARTHY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.5202
	Mailing Address 857 Post Road, #312	Date of Disbursement 05 / 04 / 2010
	City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JIM HIMES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS	Transaction ID: SB23.5225
	Mailing Address PO BOX 16646	Date of Disbursement 06 / 22 / 2010
	City MILWAUKEE State WI Zip Code 53216	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name GWENDOLYNNE MOORE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) MORAN FOR KANSAS	Transaction ID: SB23.5213
	Mailing Address PO BOX 1151	Date of Disbursement MM / DD / YYYY 05 / 07 / 2010
	City HAYS State KS Zip Code 67601	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name JERRY MORAN	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NAMIC PAC	Transaction ID: SB23.5211
	Mailing Address 3601 Vincennes Road	Date of Disbursement MM / DD / YYYY 04 / 19 / 2010
	City Indianapolis State IN Zip Code 46268	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC	 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: SB23.5191
	Mailing Address PO BOX 8666	Date of Disbursement MM / DD / YYYY 06 / 08 / 2010
	City OMAHA State NE Zip Code 68108	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name E BENJAMIN NELSON	 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial) NEUGEBAUER CONGRESSIONAL COMMITTEE <hr/> Mailing Address PO Box 54175 <hr/> City Lubbock State TX Zip Code 79453 <hr/> Purpose of Disbursement Contribution Candidate Name RANDY HONORABLE NEUGEBAUER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5222 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5205 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
C. Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement Contribution Candidate Name SCOTT GARRETT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5194 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
TAMMY BALDWIN FOR CONGRESS

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

Candidate Name
TAMMY BALDWIN

Office Sought: House
 Senate
 President

State: WI District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5228

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2010

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

12000.00